



GUIDELINE FOR PANEL OF ASSESSORS OF MEDICAL SPECIALIST TRAINING PROGRAMME

Developed by:

Members of the Panel of Assessors Technical Working Group (POATWG), Medical Education Committee (MEC), Malaysian Medical Council (MMC)

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SECTION 1

1. INTRODUCTION/PREAMBLE

- This document serves to perform the duties of Medical Education Committee (MEC) as stated in Draft Medical (Amended) Regulations 2024, on Regulations 22 (6).
- This document needs to be read together with Malaysian Standards for Medical Specialist Training and Specialty Specific Requirements (SSR).
- The purpose of this document is to guide Panel of Assessor (PoA) for the event of accreditation visit.

SECTION 2

2. TASKS AND DUTIES AS PANEL OF ASSESSORS

Evaluation of specialist training programmes are for the purposes of the following:

1. **Provisional Accreditation**
2. **Full Accreditation**
3. **Compliance Evaluation**

Tasks as Panel Assessors are in accordance with the process of programme evaluation:

- 2.1. **Before the Evaluation Visit**
- 2.2. **Panel of Assessors Coordination Meeting**
- 2.3. **During the Evaluation Visit**
- 2.4. **Exit Report**
- 2.5. **Final Evaluation Report**

All these three evaluations share common tasks and external audit processes as summarized in the following table:

Item	Task	Action / activity for Panel of Assessors
2.1.	Before the Evaluation Visit (Weeks)	Pre-visit evaluation processes include the following: a. Education Training Provider (ETP) submits a complete Provisional Accreditation / Full Accreditation/ Compliance Evaluation application to MQA. b. MQA records the application, checks whether the information submitted is complete, and assigns the application to the relevant MQA officer. The ETP is notified that the evaluation process will commence. c. Upon receiving the request for panel nomination from the MQA, the MMC nominates the POA, and MQA appoints the chairman and the members of the POA. d. Upon receiving complete documentation from the ETP, the documents are forwarded by the MQA to the POA for preliminary evaluation whereby the Chairman shall determine the distribution of tasks among the panel members. (refer roles and responsibilities 2.2.4) e. The POA informs the MQA of any incomplete documents that must be sent within the/an agreed timeframe. f. The MQA officer in charge will propose suitable dates for the coordination meeting and the visit for the POA's agreement. g. POA uses the Evaluation Instrument to prepare the preliminary evaluation report prior to the Coordination Meeting.

2.2	Panel of Assessors Coordination Meeting	The coordination meeting consists of two parts: a. Meeting among the panel members and the secretariat. b. Meeting of the POA, secretariat with ETP a. In the first part of the meeting, the POA will: i. discuss each other's views and findings ii. highlight the main issues that need to be evaluated during the visit iii. identify any further information, clarification, or documents required from the ETP within a time frame. iv. review the schedule provided by ETP for the evaluation visit, the POA may alter the schedule as needed. b. In the second part of the meeting with the ETP, the POA will: i. Inform the final visit schedule to the ETP ii. Clarify any information with the ETP. iii. Inform the ETP of any added information or documents that must be sent before the visit within an agreed timeframe. c. Following the coordination meeting, the MQA officer will follow up with ETP for the documents requested. The ETP will provide all documents or information requested by the POA through the MQA officer in charge of the visit.
2.3	During the Evaluation Visit	a. The objectives of the evaluation visit are for the POA to verify the information submitted by ETP and to look for compliance. b. The Chairman of the POA will formally introduce the panel members and the terms and references of the evaluation visit. c. The Head of the Program from ETP will do a presentation on the program. d. The questions and answers session will follow the presentation of the ETP. e. The POA conducts interviews with staff, trainees/students, and other relevant stakeholders and conducts facility visits as per the agreed schedule to check for compliance with the Standards. The schedule may be adjusted as necessary during the visit. f. The Chairman may divide the team members into smaller groups for verification of information or visits. These small groups must comprise of at least two team members per group. Team members may include MMC secretariat/MQA Officer. g. The POA must verify all additional evidence during the visit to reach a final and objective conclusion. h. The findings during the visit will be discussed by the POA at a

		dedicated meeting at the conclusion of the day's activities. A collective conclusion will be made and if further information is needed, the POA will be required to review such information. i. The POA prepares a verbal exit report that will be communicated to the ETP at the conclusion of the visit. The POA will not include any recommendation in the verbal report to the ETP. j. The activities of an evaluation visit and the personnel involved are summarized in the following table: <table border="1"> <thead> <tr> <th>No</th><th>Activity during Visit</th><th>Personnel Involved</th></tr> </thead> <tbody> <tr> <td>1.</td><td>Coordination Meeting</td><td>- POA - ETP Liaison Officer - MMC Secretariat</td></tr> <tr> <td>2.</td><td>Meeting with Senior Management team and academic staff of ETP. Presentation by the head of the program</td><td>- POA - ETP</td></tr> <tr> <td>3.</td><td>Meeting/interview with program head, coordinators, academic staff, trainees, and other relevant stakeholders.</td><td>- POA and secretariat All relevant stakeholders from ETP</td></tr> <tr> <td>4.</td><td>Visit premises and verify facilities and resources</td><td>- POA and secretariat - Relevant stakeholders from ETP</td></tr> <tr> <td>5.</td><td>Review of additional documents</td><td>POA and secretariat</td></tr> <tr> <td>6.</td><td>Prepare verbal exit report as generated by the Evaluation Instrument (EI) to be presented to the ETP</td><td>Chairman of POA</td></tr> </tbody> </table> Note: The visit activities will be scheduled accordingly to specific audit priorities, issues and availability of evidences, as agreed by the MQA, MMC, POA and ETP.	No	Activity during Visit	Personnel Involved	1.	Coordination Meeting	- POA - ETP Liaison Officer - MMC Secretariat	2.	Meeting with Senior Management team and academic staff of ETP. Presentation by the head of the program	- POA - ETP	3.	Meeting/interview with program head, coordinators, academic staff, trainees, and other relevant stakeholders.	- POA and secretariat All relevant stakeholders from ETP	4.	Visit premises and verify facilities and resources	- POA and secretariat - Relevant stakeholders from ETP	5.	Review of additional documents	POA and secretariat	6.	Prepare verbal exit report as generated by the Evaluation Instrument (EI) to be presented to the ETP	Chairman of POA
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2.4	Exit Report	a. The exit report presentation is a one-way presentation. b. The Chairperson shall remind the ETP that they are prohibited from rebutting the details of the presentation. c. The Chairperson shall remind the ETP that the presentation cannot be recorded by audio-visual means. d. The chairperson shall present the verbal exit report																					

		emphasizing the strengths and areas of concern. e. All key elements highlighted in the oral presentation, and final written report must be clear and consistent. f. The Chairperson shall not make any recommendations regarding the period of accreditation or provide any accreditation decision to the ETP. g. The chairperson should advise the ETP that the final written report is subject to subsequent factual verification by the ETP. h. (SWT: specific audience to be present during the exit report presentation – JH: ETP reserves their right to determine who is present during the verbal exit report, no concerns on due diligence by ETP as ETP will receive written report for factual correction.) ETP reserves its rights to decide on the management personnel present at the verbal exit report.
2.5	Factual Verification	a. Before the report is finalised, the MQA Liaison Officer will send the report to the ETP for factual verification*. b. The ETP is expected to verify on the factual matters of the draft which must be returned to MQA within a specified time. c. If there is factual correction, the MQA officer will forward the report to the POA for corrections before the final report will be submitted to the MMC liaison officer to be tabled in Joint Technical Committee (JTC). d. If there is no factual correction by ETP, the final report will be submitted to the MMC liaison officer to be tabled in Joint Technical Committee (JTC). *Note: Factual verification refers to accurate data in reference
2.6	Final Evaluation Report	a. The chairperson is responsible for overseeing the preparation of the final report using the Evaluation Instrument, in full consultation with, and cooperation of, the panel members, to ensure that it represents the consensus view of the POA. b. The POA is required to complete the draft final report before the conclusion of the accreditation exercise. c. The draft final report that has been amended after factual correction will be submitted to the MQA liaison officer for the purpose of presentation at the JTC. Refer to Appendix A: Guidelines & Best Practices in Audit Report-Writing

Section 3

3. GUIDELINE ON PANEL SELECTION FOR EVALUATION OF SPECIALIST TRAINING PROGRAMMES

3.1. Guideline on Panel Selection

3.1.1. The Evaluation Panel for Provisional Accreditation:

- The panel team will consist of THREE (3) to FOUR (4) members.
- Composition of the team:
 - a. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person is unavailable, the chairperson shall be appointed from within the relevant cluster*.
 - b. The other panel members (2 or 3 persons) will be selected from the discipline / cluster / SEC / MEC / MMC.
 - c. For provisional accreditation, 1 panel member must possess expertise in medical education. **

3.1.2. The Evaluation Panel for Full Accreditation:

- The panel team will consist of THREE (3) to FOUR (4) members.
- Composition of the team:
 - a. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person is unavailable, the chairperson shall be appointed from within the relevant cluster*.
 - b. The other panel members (2 or 3 persons) will be selected from the discipline / cluster / SEC / MEC / MMC
 - c. At least one of the panel members must have participated in the previous evaluation exercise.

3.1.3. Compliance Evaluation:

- The panel team will consist of TWO (2) to THREE (3) members.
- Composition of the team:
 - a. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person is unavailable, the chairperson shall be appointed from within the relevant cluster*.
 - b. The other panel members (1 or 2 persons) will be selected from the discipline / cluster / SEC / MEC / MMC
 - c. At least one of the panel members must have participated in the previous evaluation exercise.

*Medical or Surgical Cluster

**Medical Education Expertise: Medical specialists who have previously participated in educational activities such as designing and reviewing the curriculum, selection of relevant education contents, developing teaching and learning methods, review of the assessment modes, building staff capacity. (Based on Standards on Undergraduate Medical Education, Second Edition 2022)

(Reference from COPPA MQA 2nd Edition April 2018)

3.2. Roles and Responsibilities of Parties involved in Accreditation

3.2.1. The Chairperson

- MQA will appoint a chairperson for the POA who will be responsible for the overall conduct of the external programme evaluation exercise.
- The chairperson is the key person in an accreditation exercise and should have prior experience as an assessor. It is the Chair's responsibility to create an **atmosphere in which critical professional discussions** can take place, where opinions can be liberally and considerately exchanged, and in which integrity and transparency prevail. Much of the mode and accomplishment of the accreditation exercise depends on the chairperson's ability to facilitate the panel to do its work as a team rather than as individuals, and also to bring out the best in those whom the panel meets.
- The chairperson is responsible for ensuring that the **oral exit report** accurately summarises the outcomes of the visit and is consistent with the reporting framework. The chairperson presents the oral exit report that summarises the tentative findings of the team to the representatives of the ETP. The chairperson also has a major role in the preparation of the written report and in ensuring that the oral exit report is not materially different from the final report.
- The chairperson is expected to collate the reports of the members of the panel and to work closely with them to complete the draft report within the specified time frame. He is responsible for organising the contributions from the other team members and to ensure that the overall report is evidence-based, standard-referenced, coherent, logical and internally consistent.

3.2.2. The Panel Members

- MQA will appoint the members of the POA.
- Panel members are selected so that the panel as a whole, possesses the expertise and experience to enable the accreditation to be carried out effectively.
- In evaluating the ETP's application for Provisional, Full Accreditation or Compliance Evaluation of a programme, the panel members will:
 - i. Assess the programme for compliance with the Malaysian Qualifications Framework (MQF), current policy, programme standards and the seven areas of evaluation, as well as against the educational goals of the ETP and the programme objectives and outcomes;

- ii. Verify and assess all information about the programme submitted by the ETP, and the proposed improvement plans;
- iii. Highlight aspects of the Programme Self-Review Report (if applicable) which require attention that would assist it in its effort towards continual quality improvement; and
- iv. Reach a judgment.

3.2.3. MQA Officer

- MQA will assign an accreditation officer for every application received from the E. The MQA officer has the following responsibilities:
 - i. To act as a resource person on policy matters;
 - ii. To coordinate and liaise with the panel members;
 - iii. To liaise with the department liaison officer;
 - iv. To ensure that the panel conducts itself in accordance with its responsibilities;
 - v. To ensure that the accreditation process is conducted effectively and in a timely manner;
 - vi. To keep copies of handouts, evaluation reports, organisational charts, for incorporation, as appropriate, in the Final Report; and
 - vii. To provide other relevant administrative services.

3.2.4. MMC Secretariat

- MMC will assign a secretariat for each accreditation visit and the roles as follows;
 - i. Represents the professional body
 - ii. To act as resource person for matters relating to the standards imposed by the professional body.
 - iii. To ensure that the panel conducts itself in accordance with its terms of reference (Do and don't for POA still work in progress under of UG Subcommittee)

3.2.5. The Liaison Officer

- The ETP should appoint a liaison officer to coordinate with MQA in the programme accreditation. The liaison officer has the following responsibilities:
 - i. To act as a resource person on behalf of the ETP;
 - ii. To coordinate and liaise with MQA officer;
 - iii. To assist in arranging the tentative schedule for the visit and informing all the relevant people of the audit plan;
 - iv. To provide the evaluation team with the necessary facilities;
 - v. To provide copies of relevant documents and records; and
 - vi. To provide other relevant administrative services.

3.2.6. Representatives of the ETP

- The ETP will be advised as to the groups of people the panel will want to interview for the purpose of the evaluation visit. The POA may request to

meet the following people or categories of people:

- i. The Chief Executive Officer;
 - ii. Senior management of the HEP, which may include the Registrar;
 - iii. The head of Internal Quality Unit;
 - iv. The head of department;
 - v. The programme leader;
 - vi. Members of the internal review committee;
 - vii. Members of the board of the department;
 - viii. Trainee leaders;
 - ix. Academic staff
 - x. A cross-section of trainees / students in the programme;
 - xi. A selection of graduates (alumni), where appropriate;
 - xii. Representatives of the industry and government relevant to the programme; and
 - xiii. Others as appropriate.
- It is important for the POA to meet representatives of each of the above categories to obtain a cross-sectional perspective of the programme and its quality. Trainees and the academic staff are two key constituents in getting feedback on the effectiveness of learning-teaching and the attainment of learning outcomes.
 - **Trainees' opinion** will be sought regarding the quality and adequacy of the academic programme and the provision of student support services, as well as their role in providing feedback to the department on these matters. Trainee can also be requested to serve as guides in the visits to the library, classroom, laboratories and other learning-teaching facilities.
 - **Academic staff's opinion** is sought regarding staff development, promotion and tenure, workload distribution, teaching skills, understanding of the programme educational objectives and learning outcomes. In addition, POA will obtain their perception of the programme, students, the academic culture of the department, and the appropriateness and sufficiency of available facilities.

3.2.7. **Observer**

- The observer must have attended an Accreditation Training Course and prior to attending an accreditation visit.
- A maximum of 2 observers are allowed to accompany the panel of assessors for any accreditation visit.
- The observers are required to conduct themselves in a manner that is appropriate in the accreditation exercise.
- Involvement of the Observer in any part of the accreditation exercise is allowed only upon the consent and direction of the Chairperson.
- The observer is nominated by the professional body and their nominations are submitted to ETP via MQA prior to any accreditation visit.
- The ETP may refuse any individual from becoming an observer to the accreditation visit of their programme. This decision shall be accompanied by adequate justification.

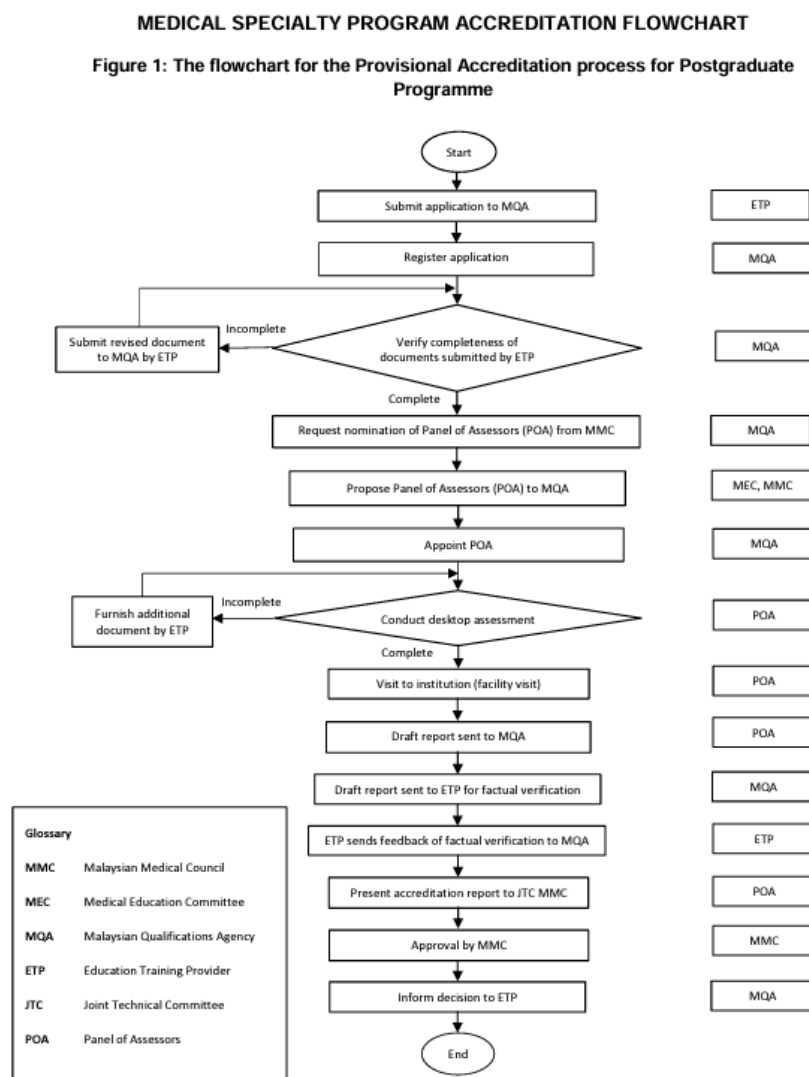
Malaysian Medical Council

- The observer shall be evaluated by the Chairperson and panel members on the following parameters:
 - i. Collegiality/ Ability to work in a team
 - ii. Proficiency on Accreditation Process
 - iii. Proficiency on Application of Specialty Standards (if applicable)
 - iv. Other parameters that the professional body sees fit
- The observer will be considered for appointment as panel of assessor if the individual has accomplished the following:
 - i. completed an Accreditation Training Course
 - ii. obtains a good evaluation report whilst attending the accreditation visit as an Observer

SECTION 4: ACCREDITATION FLOWCHART

4.1. Provisional Accreditation

- The purpose of Provisional Accreditation exercise is to ascertain that the minimum requirements are met in order to conduct a programme of study. [COPPA 2nd Ed].
- Source: <https://mmc.gov.my/wp-content/uploads/2023/12/FLOW-MEDICAL-SPECIALTY-PROGRAM-ACCREDITATION-MMC-Provisional-Accreditation.pdf>

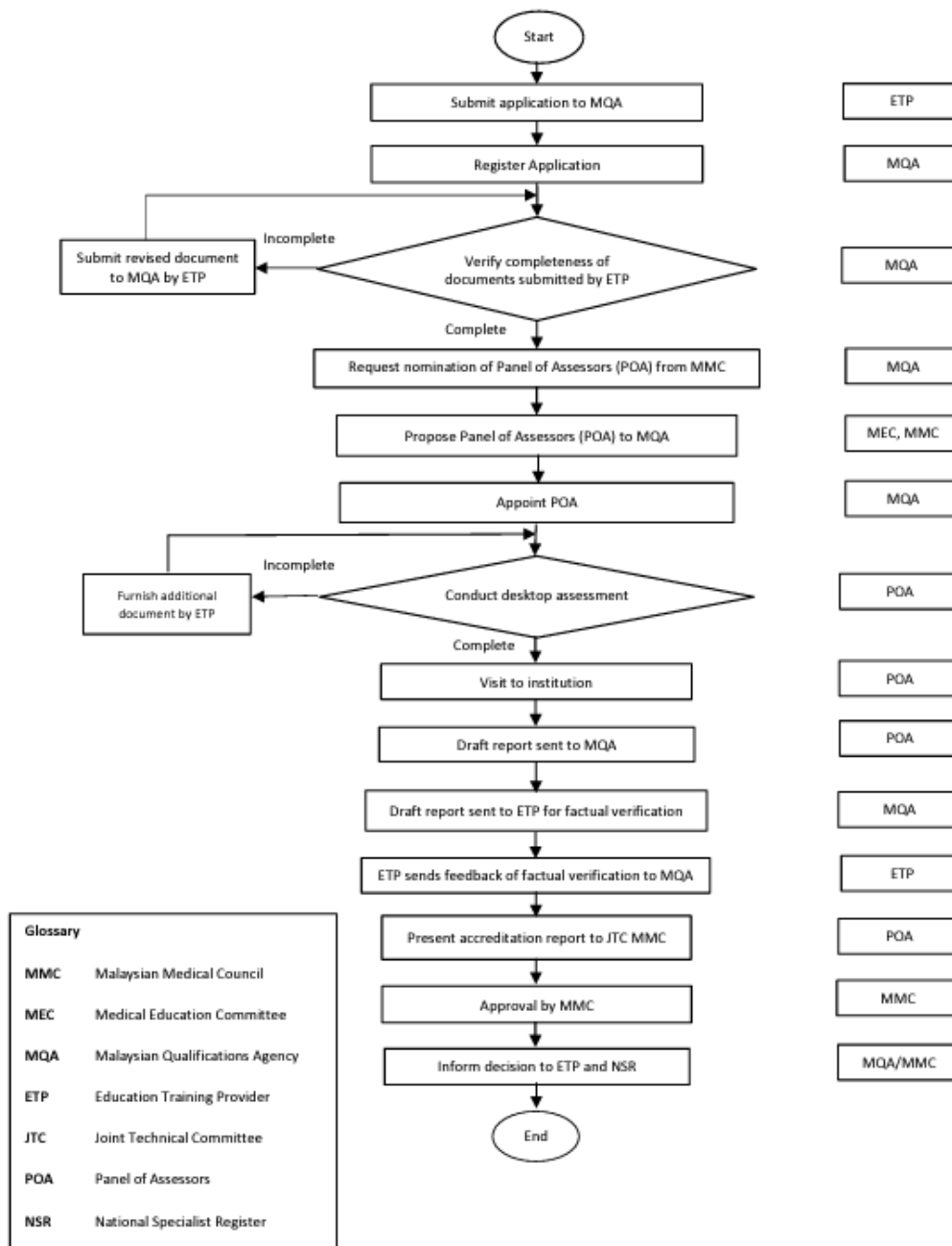


Endorsed by Malaysian Medical Council (MMC)
in Mesyuarat MPM 415 on 22 February 2022

4.2. Full Accreditation

- The Full Accreditation exercise is usually carried out when the first cohort of students are in their final year [COPPA 2nd Ed].
- Source: <https://mmc.gov.my/wp-content/uploads/2023/12/FLOW-MEDICAL-SPECIALTY-PROGRAM-ACCREDITATION-MMC-Full-Accreditation.pdf>

Figure 2: The flowchart for the Full Accreditation process for Postgraduate Programme



Endorsed by Malaysian Medical Council (MMC)
in Mesyuarat MPM 415 on 22 February 2022

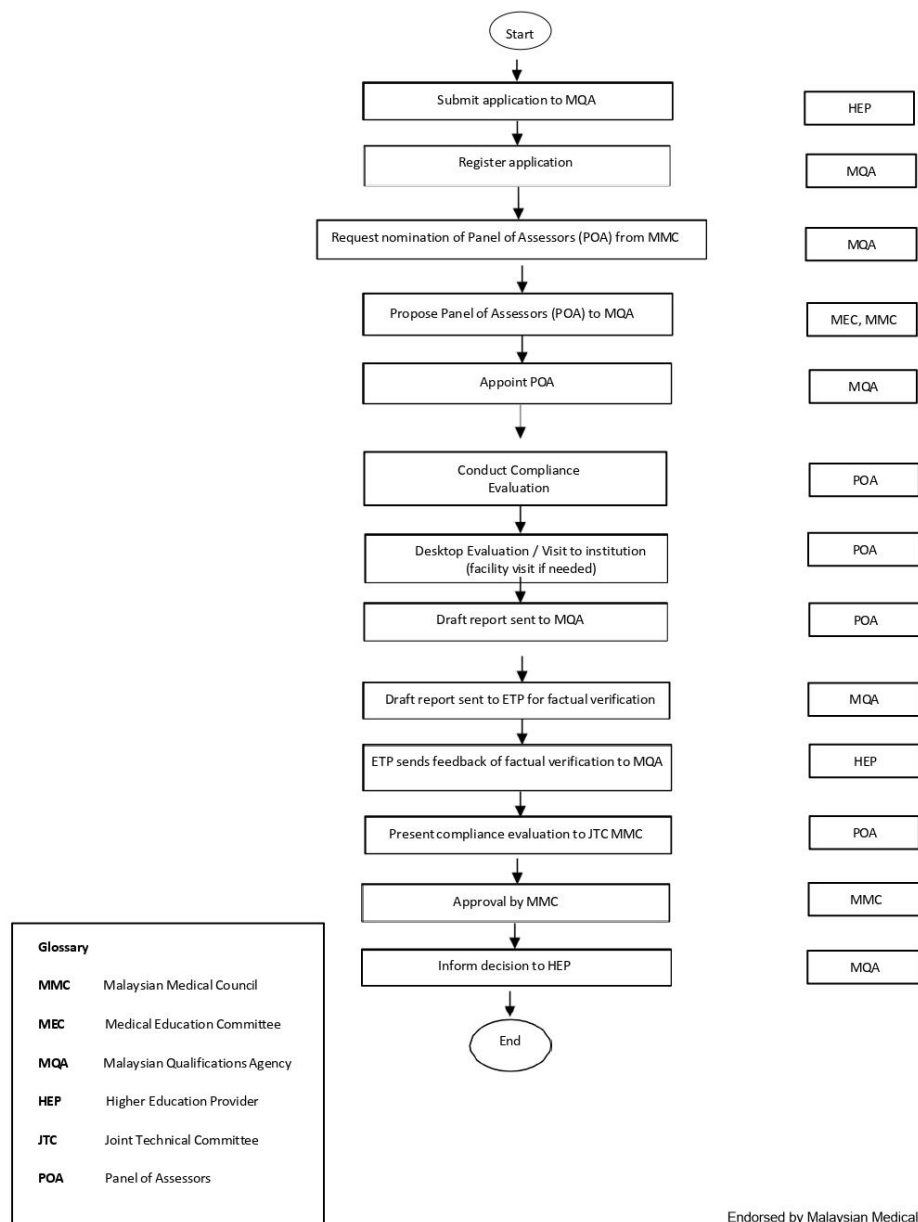
4.3. Compliance Visit

- Source: <https://mmc.gov.my/wp-content/uploads/2024/05/Flowchart-for-Medical-Specialty-Program-Accreditation-MMC-%E2%80%93-Compliance-Evaluation.pdf>

SULIT

MEDICAL SPECIALTY PROGRAM ACCREDITATION FLOWCHART

Figure 3: The flowchart for the Compliance Evaluation process for Postgraduate Programme



Endorsed by Malaysian Medical Council (MMC)
in Mesyuarat MPM 442 on 21 May 2024

Section 5:

DEMEANOUR, RESPONSIBILITIES AND ASSESSOR CODE OF CONDUCT

(Reference from COPPA MQA 2nd Edition April 2018)

5.1. Demeanour: Personal and General Attributes of Assessors

- i. Assessors should be competent, ethical, open-minded, mature and demonstrate the following attributes:
 - a. good listeners
 - b. sound judgment, analytical skills and tenacity
 - c. ability to perceive situations in a realistic way
 - d. understand complex operations from a broad perspective
 - e. understand the role of individual units within the overall organisation
 - f. ability to work in a team
 - g. maintain integrity and discretion and
 - h. ensure commitment, diligence and timeliness
- ii. Equipped with the above attributes, the assessors should be able to:
 - a. obtain and assess evidence objectively and fairly
 - b. remain true to the purpose of the evaluation exercise
 - c. be cognisant of interpersonal communications and body language during interactions throughout the visit;
 - d. treat stakeholders concerned in a way that will best achieve the purpose of the evaluation
 - e. commit full attention and support to the evaluation process without being unduly distracted
 - f. react effectively in stressful situations
 - g. arrive at objective conclusions based on rational considerations; and
 - h. remain true to a conclusion based on evidence despite pressure to change.

5.2. Responsibilities of the Assessors

- i. Assessors are responsible for:
 - a. complying with the evaluation requirements;
 - b. communicating and clarifying evaluation requirements;
 - c. planning and carrying out assigned responsibilities effectively and efficiently;
 - d. documenting observations;
 - e. reporting the evaluation findings;
 - f. safeguarding documents pertaining to the accreditation exercise;
 - g. ensuring documents remain confidential;
 - h. treating privileged information with discretion;
 - i. cooperating with, and supporting, the chairperson;

- j. producing evaluation report within the time frame given.
- ii. Assessors should:
 - a. remain within the scope of the programme accreditation;
 - b. exercise objectivity;
 - c. collect and analyse evidence that is relevant and sufficient to draw conclusions regarding the quality system;
 - d. remain alert to any indications of evidence that can influence the results and possibly require further assessment; and
 - e. act in an ethical manner at all times.
 - f. at all times represent the MQA/MMC (not their respective organization/institution) throughout the accreditation exercise

5.3. Assessor Code of Conduct

- i. This section outlines the code of conduct applicable to all assessors engaged by the Malaysian Medical Council (MMC) and Malaysian Qualification Agency (MQA) (known as accreditation agency) in conducting accreditation of medical programmes in Malaysia. The code encompasses areas such as conflict of interest, confidentiality, and general conduct.
- ii. Adherence to this code is considered a fundamental expectation for all assessors. The accreditation agency reserves the right to conduct formal investigations into any serious or repeated violations of this code, with potential legal consequences.
- iii. Represent MQA/MMC

5.4. Conflict of Interest

- i. Representatives of MMC and MQA and those affiliated with it acknowledge their trusted positions with individuals and organizations. This fiduciary relationship necessitates the disclosure of conflicts of interest that may be perceived as improper and could undermine confidence in the accreditation work. Any person associated with the accreditation agency must promptly disclose potential conflicts of interest and be willing to withdraw from relevant assessments or decisions. If the prospective assessor has a direct interest, he/she will be excluded from consideration.
- ii. In addition, the Educational Training Provider (ETP) can register its objections to the assessor's appointment. If ETP disagrees with an assessor, it is obliged to provide reasons for its objection
- iii. However, the final decision whether to select a particular person as an assessor rest with the MMC/MQA.
- iv. Conflict of interest may be categorised as personal or professional:
 - a. **Personal conflict** could include:
 - animosity or close relationship between an assessor and the Chief Executive Officer or other senior manager of the ETP

- being related to one,
 - being a graduate of the programme,
 - having close relative in the programme,
 - excessive bias for, or against, the ETP due to some previous events,
 - unresolved conflict due to the differing world views and value systems.
- b. **Professional conflict** could occur if an assessor had been a failed applicant for a position in the ETP, is a current applicant or a candidate for a position in the ETP, is a senior advisor, examiner or consultant to the ETP, or is currently attached to an ETP that is competing with the one being evaluated

5.5. Confidentiality

- i. Assessors are reminded that accreditation is a privileged and confidential exercise. Information including pictures of visits should not be shared in the public sphere as it is not a social event.
- ii. Assessors engaged by the accreditation agency will also have access to confidential information during accreditation evaluation. Such information must be treated with the utmost confidentiality. This information must not be distributed in any manner including through electronic and social media. Assessors are obligated to formally confirm their commitment to abide by the code of conduct. Confidential information, including individually identifiable data, should only be accessed, used, or disclosed to authorized individuals. Secure methods, such as online systems or encrypted devices, should be employed for document transfer. All confidential information must be securely stored, and upon completion of accreditation evaluation, it should be appropriately disposed of.
- iii. Breaches of confidentiality will be thoroughly investigated.

5.6. Code of Conduct Declaration

- i. Upon appointment, assessors will be expected to acknowledge and sign a Code of Conduct Declaration. Assessors must declare their commitment to the following:
 - a. Maintain strict confidentiality of information received during accreditation duties.
 - b. Use the prescribed standards, documents and the evaluation processes for accreditation purposes.
 - c. Report findings solely to the ETP being assessed and the Joint Technical Committee
 - d. Securely store all downloaded documentation
 - e. Seek permission before copying or reproducing any materials from the ETP, MMC and MQA
 - f. Adhere strictly to prescribed standards during assessments and to steer clear from being judgmental and giving unsolicited comments
 - g. Disclose any relationships with the education training provider undergoing assessment.
 - h. Refrain from accepting inducements, gifts, or any form of profit from the education training provider being assessed.

- i. Avoid actions prejudicial to the MMC and MQA's interests.
- j. Seek permission from the MMC/MQA before representing the MMC and MQA in their capacity as a trained POA.
- k. Fully cooperate in any investigative procedure in case of alleged breaches

5.7. Termination as Assessors

- i. The assessor appointment may be terminated if an assessor engages in serious breaches, gross misconduct, neglect of duties, serious incompetence, repeated violations, fraud, dishonesty, criminal convictions, or any conduct tarnishing the MMC and /or MQA's reputation.

Section 6:

GUIDELINE FOR PRESENTATION OF PROVISIONAL AND FULL ACCREDITATION REPORT TO THE JOINT TECHNICAL COMMITTEE (JTC) (FOR EVALUATION OF SPECIALIST TRAINING PROGRAMMES)

6.1. This segment explains the requirement of the chairperson or an appointed member of the panel to present their final report to the attention of the JTC.

6.2. Joint Technical Committee is established by the professional body under the provisions of Section 51, MQA Act 2007. *

Section 51(1) The Joint Technical Committee consisting of representatives of the relevant professional body, an officer of the Agency and such other persons as may be deemed necessary by the relevant professional body shall be established by the relevant professional body for the purpose of—

- (a) considering an application for accreditation under subsection 50(1);*
- (b) making recommendations to grant or refuse the application for accreditation under subsection 52(1);*
- (c) making recommendations for imposing conditions under section 54;*
- (d) entering and conducting an institutional audit under subsection 52(3); and*
- (e) making recommendations for the revocation of accreditation under section 55.*

(2) The representatives of the relevant professional body and the officer of the Agency in the Joint Technical Committee established under subsection (1) may differ as between different professional programmes or professional qualifications.

6.3. The chairperson of the JTC is the President of the Malaysian Medical Council.

6.4. The JTC membership consists of: *

- a. 1 officer of the MQA
- b. Deputy Director General of Health (Medicine)
- c. Deputy Director General of Health (Public Health)
- d. 5 representatives of the Malaysian Medical Council (MMC)
- e. 2 representatives of the Higher Education Department, MOHE
- f. 1 representative of the Public Institution of Higher Education (nominated by MOHE)
- g. 1 representative of the Private Institution of Higher Education (nominated by MOHE)
- h. 1 representative of the Public Service Department (PSD)

6.5. Presentation of the Accreditation Report to the Joint Technical Committee

- a. Chairperson of panel or an appropriate panel member **(in absence of chairperson)** shall present the report to the JTC.* Refer to **Conduct of Chairperson**.
- b. The presenter is required to be well versed with the accreditation report and nuances of the programme evaluation.
- c. The presentation shall take no longer than 15 minutes
- d. The presentation shall include the following*:
 - a. Overview: (refer to Result page)
 1. total Area of Strengths refers to (AL 5)
 2. total Area of Concerns refers to (AL 1 & 2)
 3. total Opportunities For Improvement refers to (OFI - AL 3 & 4)
 4. total Standards evaluated (of the Area)
 - b. **Emphasis on the programme's prominent Strengths**
 - c. **All Areas of Concern** (AL 1 & 2) must be presented for the attention of the *JTC to assist in its decision making
 - d. The presenter is required to present the **conclusions of the report with recommendations on the accreditation outcomes**.
- e. The recommendations shall include (and is not limited to)
 - i. period of accreditation
 - ii. need for monitoring visit / compliance evaluation
 - iii. interventional measures where applicable.
- f. The presenter will then take questions from the Joint Technical Committee.

6.6. The Joint Technical Committee shall conclude after deliberating on the report and the presentation, after the presenter has been excused from the meeting.

6.7. The recommendations of the JTC shall be brought to the MMC for deliberation and endorsement or otherwise.

***Note: A presentation template is provided by the MMC Secretariat**

Section 7:

CONCLUSION OF THE REPORT & RECOMMENDATIONS

7.1. Criteria for Award of Full Accreditation [Endorsed by MMC 450 on 14 January 2025]

All specialist training programmes in Malaysia must fulfil all three (3) criteria for award and duration of full accreditation by the Malaysian Qualification Agency.

a. Criteria 1: Overall Score

Total Evaluation Score	Year of Accreditation
≥80%	6 years
70 – 79 %	4 years
60 – 69 %	2 years
Less than 60%	0 year (Failed accreditation / unsatisfactory)

b. Criteria 2: Satisfactory Performance in Critical Accreditation Areas

Critical Accreditation Area	Minimum Mark for Evaluation of Critical Areas
Area 1: Programme Development and Delivery	≥60%
Area 2: Assessment of Student Learning	≥60%
Area 4: Trainer	≥60%

c. Criteria 3: Satisfactory Performance in other Accreditation Areas

Accreditation Area	Minimum Mark for Evaluation of Other Area
Area 3: Trainee	≥50%
Area 5: Learning Resources	≥50%
Area 6: Programme Management	≥50%
Area 7: Quality Assurance	≥50%

7.2. Recommendations

(Reference from COPPA MQA 2nd Edition April 2018)

The panel of assessors comes to its conclusions and recommendations through observed facts and through its interpretation of the specific evidences received from the various sources or that it has gathered itself. The panel of assessors' report will generally include commendations (aspects of the provision of the programme that are considered worthy of praise), affirmations (proposed improvements by the department on aspects of the programme, which the panel believes significant and which it welcomes) and areas of concern to improve the programme.

a. Full Accreditation

- With respect to status of the application for Full Accreditation of the programme, the panel will propose one of the following:
 - i. Grant the Accreditation without conditions
 - ii. Grant the Accreditation with conditions
 - iii. Conditions specified by the evaluation panel which do not prevent or delay accreditation but completion of which must be confirmed to the MQA by a date to be agreed between the HEP and the MQA.
 - iv. Denial of Accreditation
 - v. Denial is where the evaluation panel recommends accreditation is not granted. The
 - vi. Panel will provide reasons for the denial.
- The report on the evaluation findings, together with the recommendations, is presented to the MQA Accreditation Committee (Joint Technical Committee) for its decision.
- In general, the report should adhere to the points presented orally in the exit meeting with the HEP and best follow the sequence in which the items were listed in the oral exit report. For the areas of concerns (or problems), the panel should indicate their relative urgency and seriousness, express recommendations in generic or alternative terms, and avoid giving prescriptive solutions.

b. Provisional Accreditation

- The types of recommendations in the conclusion of the report of the evaluation for Provisional Accreditation will be largely similar to that of the Full Accreditation as outlined above. However, suitable to its provisional status and as an interim phase before Full Accreditation, there will be differences in emphasis and the degree of compliance in the seven areas of evaluation.

c. Compliance Evaluation

- Based on the compliance evaluation conducted on the programme, the panel of assessors may propose one of the following:
 - i. The programme accreditation be continued with or without condition; or
 - ii. The programme accreditation be withdrawn, in which case a list of reasons must be provided.

Section 8:

LOGISTIC GUIDE

- a. Accommodation are provided for the panel members and the MQA / MMC officers.
- b. All accreditation exercises involve the following:
 - visit to the institution's premises
 - daily pre and post-visit meetings
 - completion of visit report
- c. To ensure smooth-running of tasks, all panel members are required to peruse the accommodation provided throughout the visit.
- d. Panel members are prohibited from leaving the accommodations provided for personal/recreational reasons without justification and permission of the Chairperson.
- e. Charges incurred from transportation services engaged throughout travel to the designated institution or from accommodations provided (not provided for by the accreditation agency/institution) can be submitted to the accreditation agency for claims.
- f. Observer assigned to any particular accreditation exercise are to submit their claims to the MMC for processing. (refer Guidelines for Observer's Claims throughout the Accreditation Exercise)

Section 9:

APPENDICES

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- A. Guidelines & Best Practices of Audit Report Writing (COPIA 2<sup>nd</sup> Section)
- B. Guideline on Completing the Evaluation Instrument
- C. Guidelines for Accreditation Visit Claims For Observers
- D. Criteria to Appoint Assessor and Criteria of Chair of POA

**Appendix A:**

**Guidelines & Best Practices of Audit Report Writing (adapted from COPIA 2<sup>nd</sup> Edition - publication year 2009)**

**General principles of report writing:**

Audit reports are formal and legal documents. The language of the Panel of Assessors accreditation and compliance reports shall be English and the writing is of a formal nature.

The report should adhere to the findings reported verbally at the Exit Meeting with the HEP. The audit report is generated from the Evaluation Instrument (refer Guidelines for Completion of Evaluation Instrument)

With this in mind, the following may serve as a guide to good report writing:

**1. The summary of the audit report shall contain the following:**

- A. Previous quality assurance or accreditation assessments and progress
  - The panel must summarise the key findings and recommendations of the most recent assessment of the HEP or its academic programmes, including progress reports addressing any problems identified previously.
  - The panel must cite the dates of previous assessments and reports.
  - The panel is required to include in its report a summary of the Areas of Concern that have been corrected, and problems that still remain

**B. Current programme evaluation findings**

- The panel is required to include Strengths in their report on the programme being evaluated. This includes aspects of the provision of the programme that are considered worthy of praise.
- The panel is required to include Opportunity for Improvement in their report. This refers to proposed improvements to aspects of the programme, which the panel believes are significant and which the HEP welcomes.

**C. Recommendations**

- The panel is required to conclude by making a Recommendation for Award/Maintenance of Accreditation (where applicable). Such a recommendation may be subject to mandatory requirements, which the HEP must comply within a stipulated time period.
- The panel may also suggest appropriate action/attention to Areas of Concern to enhance quality of the programme. Although these additional recommendations are optional, the HEP are nevertheless strongly encouraged to implement them.
- Where applicable, the panel may make a recommendation for Cessation of Accreditation. Such recommendations must be accompanied with due justification for the cessation.
- Wherever possible, specific evidence should be referenced as evidence of compliance/non-compliance to standards in the audit report.

D. The panel should indicate the relative urgency and seriousness for their audit findings and express recommendations where applicable.

E. The audit report should be reviewed for clarity, unambiguity and duplication. An effective audit report ensures that the results of the audit are communicated in a way that is useful to the party receiving the audit

Appendix B

**Guideline on Completing the Evaluation Instrument**

Guideline on completing the Evaluation Instrument for Specialist Training Programme can be accessed through this link:

<https://tinyurl.com/45k25w49>

Appendix C

**Guidelines for Accreditation Visit Claims For Observers**

1. Observers must complete and sign the Approval Form as an Observer for Full/Provisional Accreditation Visit.
2. The total claims covered by MPM for observers have been approved in MPM Meeting 432 on July 25, 2023, as detailed in Table 1. Claims exceeding the set limits will be the responsibility of the observer.

**Table 1:**

| No. | Cost Type                                         | Unit Cost / Night<br>(Maximum Claim) | Units<br>Required | Total Cost         |
|-----|---------------------------------------------------|--------------------------------------|-------------------|--------------------|
| 1.  | Accommodation Cost (Standard Room)                | RM 300.00                            | 3 nights          | RM 900.00          |
| 2.  | Flight Cost (Economy) / Travel Claim (Round Trip) | RM 1,000.00                          | -                 | RM 1,000.00        |
| 3.  | Other Travel Claims (Taxi/Airport Travel)         | RM 100.00                            | -                 | RM 100.00          |
|     | <b>TOTAL CLAIM FOR ONE OBSERVER</b>               |                                      |                   | <b>RM 2,000.00</b> |

**Notes:**

1. Logistics booking is the observer's responsibility (pay and claim).
2. For claims, the observer must fill out form WP 1.4 contained in the Malaysian Treasury Circular.
3. Meals are the observer's responsibility.

Appendix D

**Guideline on the roles of Observer:**

1. Observers must follow the accreditation process journey, where their involvement and performance will be assessed by the Chair of Panel of Assessor before being recommended for appointment as a Panel of Assessor.
2. Observers must attend all assessment visit sessions and meetings related to the visit.
3. Observers may provide views, suggestions, or comments on the aspects being assessed; however, the visit recommendations are the responsibility of the appointed Panel Assessors.
4. Observers must assist in the preparation of the visit report through the Evaluation Instrument, where the report falls under the responsibility of the appointed Panel of Assessors.
5. Observers are responsible for obtaining feedback on their performance from the Chair of Panel of Assessor.

Appendix E

**Eligibility Criteria for Panel of Assessors (Accreditation Panel Member):**

1. The practitioner must be a Malaysian citizen.
2. Must hold a current year's Annual Practice Certificate.
3. Must be registered with the National Specialist Register (NSR), except in the field of Medical Education.
4. A minimum of 5 years' experience in quality assurance, academic management or postgraduate medical education.
5. Must be appointed by Malaysian Medical Council (MMC) upon recommendation by Medical Education Committee (MEC) and Panel of Assessor Technical Working Group (POATWG) following successful completion of accreditation training workshop.
6. A member of the Joint Technical Committee (JTC) cannot be appointed as a panel of assessor for an accreditation exercise of a medical programme.

**Criteria for Chair of Panel of Assessors:**

1. The practitioner must be a Malaysian citizen.
2. Must hold a current year's Annual Practice Certificate.
3. Must be registered with the National Specialist Register (NSR).
4. A minimum of 5 years' experience as Panel of Assessors.
5. Must be appointed by Malaysian Medical Council (MMC) upon recommendation by Medical Education Committee (MEC) and Panel of Assessor Technical Working Group (POATWG).

## **SECTION 10:**

### **GLOSSARY:**

#### **10.1 Provisional Accreditation**

- Upon receipt of a complete application for Provisional Accreditation of a programme from a HEP, MQA will commence the evaluation process. At the successful completion of the evaluation process, the MQA will grant the Provisional Accreditation to the programme. A flow chart for Provisional Accreditation process is provided in page 16.

#### **10.2 Full Accreditation**

- An application for Full Accreditation is made when the first cohort of students reaches final year. Full Accreditation requires a site visit by the POA. The Full Accreditation process can be divided into three main components: before, during and after the site evaluation visit. A flow chart for Full Accreditation process is provided in page 17.

#### **10.3 Compliance Evaluation**

- Compliance Evaluation applies a process similar to Full Accreditation. Its evaluation focuses on the relevancy and sustainability of accredited programmes. The flow chart for Compliance Evaluation process is provided in page 18.

#### **10.4 Assessor**

- An assessor, as defined in this context, is an individual who is deemed competent following the successful completion of the assessor training program and participates in ongoing educational training/educational activities to stay current. Assessors are authorized to perform accreditation evaluation and represent the MMC and MQA.